

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2489AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/05/2009
NAME OF PROVIDER OR SUPPLIER CHANCELLOR GARDENS OF THE LAKE		STREET ADDRESS, CITY, STATE, ZIP CODE 2620 LAKE SAHARA DRIVE LAS VEGAS, NV 89117		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual state licensure survey and complaint investigation conducted at your facility on February 4 and 5, 2009.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility is licensed for 150 total beds: 120 elderly or disabled persons, and/or persons with mental illnesses, and/or persons with chronic illnesses, Category 2 residents. The facility has an endorsement to provide care for 30 persons with Alzheimer's disease, Category 2 residents.</p> <p>The census at the time of the survey was 94 residents. Twenty current resident files, 2 discharged resident files, and 11 employee files were reviewed.</p> <p>The following complaints were investigated: #NV00018987 unsubstantiated #NV00020672 unsubstantiated</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available under to any party under the applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified at the time of the survey:</p>	Y 000	<p><i>Acceptable</i></p> <p><i>POC. pue kn, HFS II</i></p> <p><i>10/1/09 3/24/09</i></p>	
Y 070 SS=E	449.196(1)(f) Qualifications of Caregiver-8 hours training	Y 070	<p>RECEIVED</p> <p>MAR 04 2009</p> <p>BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS, NEVADA</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

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TITLE

C.O.O. administrator

(X6) DATE

3/4/09

If continuation sheet 1 of 21

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Y 070	Continued From page 1 NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. This Regulation is not met as evidenced by: Based on record review on 2/4 and 2/5/09, the facility failed to ensure that 4 of 11 caregivers received eight hours of annual training (Employee #2, #4, #5, and #7). Severity: 2 Scope: 2	Y 070	Y070 a) Effective March 1, 2009 the facility will start to hold monthly one hour training related to providing for the needs of the residents of the facility. b) Training will be scheduled by The Wellness Director, and the Executive Director /Administrator. Annual Training Hours will be tracked by the Business Office Manager. c) March 1, 2009		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Based on record review on 2/4 and 2/5/09, the facility failed to ensure that 11 of 11 caregivers complied with NAC 441A.375 regarding tuberculin screening (Employee #1, #2, #3, #4, #5, #6, #7, #8, #9 #10, and #11) for the protection of the residents. This was a repeat deficiency from the 8/14/08 State Licensure survey.	Y 103	Y103 a) The facility will not longer permit new employees to start work without a completed two-step tuberculin screening. b) All employee files will be reviewed by Executive Director/Administrator prior to employee starting work to ensure compliance. All employee files will be review every 6 months to ensure compliance by the Executive Director/ Administrator Business Office Manager. Business Office Manager will create and maintain a ticker. c) March 5, 2009		

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LAS VEGAS, NEVADA

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Y 103	Continued From page 2 Severity: 2 Scope: 3	Y 103			
Y 106 SS=F	449.200(2)(a) Personnel File - 1st aid & CPR NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation. This Regulation is not met as evidenced by: Based on record review on 2/4 and 2/5/09, the facility failed to ensure that 5 of 8 employees were trained in first aid and cardiopulmonary resuscitation (Employee #1, #3, #4, #6, and #7). This was a repeat deficiency from the 8/14/08 State Licensure survey. Severity: 2 Scope: 3	Y 106	Y106 a) The facility held a CPR & First Aid class on 2-26-2009 to begin compliance. Employee #1, #3, #4, #6 all were in attendance please see attachments #1-#4, employee #7 has been removed from the schedule until March 6, 2009 in which compliance and proof of CPR & First Aid is required to continue employment. b) Attachment #5 and Attachment #6 will be completed prior to start date. All employee files will be review every 6 months to ensure compliance by the Executive Director/ Administrator and Business Office Manager. Business Office Manager will be scheduling all CPR & First Aid Training on a monthly basis. c) February 26, 2009		
Y 173 SS=D	449.209(3) Health and Sanitation-Inside garbage NAC 449.209 3. Containers used to store garbage in the kitchen and laundry room of the facility must be covered with a lid unless the containers are kept in an enclosed cupboard that is clean and prevents infestation by rodents or insects.	Y 173			

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Y 173	Continued From page 3 Containers used to store garbage in bedrooms and bathrooms are not required to be covered unless they are used for food, bodily waste or medical waste. This Regulation is not met as evidenced by: Based on observation on 2/4/09, the facility failed to ensure 3 garbage containers in the kitchen were covered with a lid. Severity: 2 Scope: 1	Y 173	Y173 a) All containers have been covered with a lid. b) The Dietary Director will do a daily inspection to ensure that all garbage containers are covered with a lid. c) March 1, 2009	
Y 175 SS=F	449.209(4)(b) Health and Sanitation-Hazards NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility. This Regulation is not met as evidenced by: Based on observation on 2/4/09, the facility failed to ensure the back walkway and surrounding area were kept free of hazards including a tray cart, a food cart, a garbage container, and 2 shopping carts. Severity: 2 Scope: 3	Y 175	Y175 a) The back walkway and surrounding area were cleared of the tray cart, a food cart, a garbage container and the 2 shopping carts. b) The Dietary Director will ensure that the area behind the kitchen is kept clear of any obstacles on a daily basis. The Maintenance Director will also ensure no obstacles will impede the movement of the residents during the morning ground checks. c) 2/24/2009	
Y 179 SS=D	449.209(6) Health and Sanitation-Screens NAC 449.209 6. All windows that are capable of being opened	Y 179		

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Y 179	Continued From page 4 in the facility and all doors that are left open to provide ventilation for the facility must be screened to prevent the entry of insects. This Regulation is not met as evidenced by: Based on observation on 2/4/09, the facility failed to ensure multiple window screens in both the front and back of the building were intact and not broken or loose . Severity: 2 Scope: 1	Y 179	Y179 a) Maintenance has replaced and or tightened the screens that were broken or loose. b) The Maintenance Director will ensure that all window screens in both the front and back of the building are intact and not broken or loose, during daily grounds/building checks. The Executive Director/Administrator will do a building walk through and grounds check once a week with the Maintenance Director. c) March 1, 2009	
Y 250 SS=D	449.217(1) Kitchens-Equipment works; Clean and Sanitary NAC 449.217 1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition. This Regulation is not met as evidenced by: Based on observation on 2/4/09, the facility failed to ensure the kitchen and equipment, including the exterior of the ovens, walls, floor, and dry storage, were clean and sanitary. Severity: 2 Scope: 1	Y 250	Y250 a) The kitchen, equipment, including the exterior of the ovens, walls, floor, and dry storage were deep cleaned on February 27, 2009. b) The Dietary Director has implemented a Weekly Cleaning Schedule (attachment #7). The Executive Director will do a weekly inspection with the Dietary Director. c) February 27, 2009	

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If continuation sheet 5 of 21

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Y 251	Continued From page 5	Y 251	Y251	
Y 251 SS=D	449.217(2) Storage of Food-Perishable foods refrigerated NAC 449.217 2. Perishable foods must be refrigerated at a temperature of 40 degrees Fahrenheit or less. Frozen foods must be kept at a temperature of 0 degrees or less. This Regulation is not met as evidenced by: Based on observation on 2/4/09, the facility failed to ensure refrigerator #4 (in the main kitchen) was kept at a temperature of 40 degrees Fahrenheit or less. Severity: 2 Scope: 1	Y 251	a) The refrigerator gasket was replaced on 2/9/2009. Please see attachment #8. b) The Dietary Director will review all temperature logs to ensure the temperature of 40 degrees Fahrenheit or less on a weekly basis. c) February 2, 2009	
Y 278 SS=B	449.2175(9)(a)(b) Dietary Consultant - More Than 10 Residents NAC 449.2175 9. A residential facility with more than 10 residents shall employ or otherwise obtain the services of a person to serve as a consultant for the planning and serving of meals who: (a) Is registered as a dietitian by the Commission on Dietetic Registration. (b) Is a graduate from an accredited college with a major in food and nutrition and has 2 years of supervisory experience in a medical facility or facility for the dependent or has participated in a course of training for a supervisor of the service of food.	Y 278	Y278 a) Please see attachment # 9, for current registered dietitian verification. Attachment #10 Consultant Dietitian Agreement. b) The Executive Director /Administrator and Business Office Manager will review all consultant files every six month to ensure compliance. c) February 12, 2009	

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Y 278	Continued From page 6 This Regulation is not met as evidenced by: Based on record review on 2/4 and 2/5/09, the facility failed to ensure the Dietitian was currently registered as a dietitian by the Commission on Dietetic Registration. Severity: 1 Scope: 2	Y 278			
Y 352 SS=C	449.222(2)(b) Bathrooms and Toilet Facilities NAC 449.222 2. Each residential facility that was issued an initial license on or after January 14, 1997 must have: (b) A tub or shower for each six residents. This Regulation is not met as evidenced by: Based on observation on 2/4 and 2/5/09, the facility failed to ensure there was a tub or shower for each six residents in the Alzheimer's unit. Severity: 1 Scope: 2	Y 352	Y352 a) The facility has 5 total showers on the memory care unit 4 of which are in one large room known as the "Shower Room", the 5 th shower is in a resident room. b) The resident room that has the private shower will be a spa room. c) March 31, 2009		
Y 451 SS=D	449.231(2)(a)-(f) First Aid Kit NAC 449.231 2. A first-aid kit must be available at the facility. The first-aid kit must include, without limitation:	Y 451			

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6899

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If continuation sheet 7 of 21

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Y 451	Continued From page 7 (a) A germicide safe for use by humans. (b) Sterile gauze pads; (c) Adhesive bandages, rolls of gauze and adhesive tape; (d) Disposable gloves; (e) A shield or mask to be used by a person who is administering cardiopulmonary resuscitation; and (f) A thermometer or device that may be used to determine the bodily temperature of a person. This Regulation is not met as evidenced by: Based on observation on 2/4 and 2/5/09, the facility failed to ensure the first aid kit in the Assisted Living unit contained germicide, a Cardio-pulmonary resuscitation mask, and a thermometer. Severity: 2 Scope: 1	Y 451	Y 451 a) All first aid kits have been restocked with the following items: germicide, sterile gauze pads, adhesive bandages, rolls of gauze, adhesive tape, disposable gloves, cpr mask, and thermometer. b) The Wellness Director will conduct month checks to ensure first aid kits have appropriate supplies. c) February 27, 2009	
Y 645 SS=B	449.2704(1)-(5) Rate Agreement NAC 449.2704 The administrator of a residential facility shall, upon request, make the following information available in writing: 1. The basic rate for the services provided by the facility; 2. The schedule for payment; 3. The Services included in the basic rate; 4. The charges for potional services which are not included in the basic rate; and 5. The residential facility's policy on refunds of amounts paid but not used.	Y 645	Y645 a) Please see attachments #11- #16, all rate agreements at the time of survey were signed and in the files of the residents. b) The Executive Director will continue to ensure all rate agreements are signed at time of admission. c) 2/27/2009	

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If continuation sheet 8 of 21

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6899

If continuation sheet 9 of 21

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Y 859	Continued From page 9 Severity: 2 Scope: 2	Y 859		
Y 870 SS=F	<p>449.2742(1)(a)(1)(2)(b)(c) 449.2742(1)(a)(1) Medication Administration</p> <p>NAC 449.2742 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident. (2) Provides a written report of that review to the administrator of the facility; (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a).</p> <p>This Regulation is not met as evidenced by: Based on record review on 2/4-5/09, the facility did not ensure that a medication profile review was performed by a physician, pharmacist or</p>	Y 870	<p>Y870</p> <p>a) A pharmacy review was completed at the facility on Feb 2, 2009. Please see attachments #19-#24 for resident files #3, #8,#9,#10,#12 and #14. Resident #6 is deceased.</p> <p>b) 4 Care pharmacy will be visiting the community in March 2009 and August 2009 to complete a pharmacy review. The Executive Director/Administrator and Wellness Director will review all resident files every 6 months to ensure compliance.</p> <p>c) February 2, 2009</p>	

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If continuation sheet 10 of 21

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Y 870	Continued From page 10 registered nurse at least once every six months for 7 of 12 residents residing in the facility for longer than six months (Resident #3, #6, #8, #9, #10, #12, and #14). Severity: 2 Scope: 3	Y 870		
Y 876 SS=B	449.2742(4) NRS 449.037 NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met. This Regulation is not met as evidenced by: Based on record review on 2/4-5/09, the facility failed to ensure that an ultimate user agreement was obtained for 9 of 20 residents (Resident #3, #6, #8, #9, #10, #14, #16, #17 and #18). This was a repeat deficiency from the 8/14/08 State Licensure survey. Severity: 1 Scope: 2	Y 876	Y876 a) Please see attachment # 25 for resident #6, please see attachment #26 for resident #9, please see attachment #27 for resident # 10, and please see attachment #28 for resident # 14. b) The Wellness Director will ensure that all appropriate residents have an ultimate user agreement on file. The Wellness Director and the Executive Director/ Administrator will review all resident files every six months to ensure compliance. c) March 15, 2009	
Y 878 SS=D	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by	Y 878		

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6899

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If continuation sheet 11 of 21

MAR 04 2009

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6899

If continuation sheet 12 of 21

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LAS VEGAS, NEVADA

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Y 882	Continued From page 12 This Regulation is not met as evidenced by: Based on observation and record review on February 5, 2009, the labels on 2 of the medications prescribed for 1 of 20 residents do not reflect the prescription written by the physician (Resident #5). Severity: 2 Scope: 1	Y 882			
Y 922 SS=D	449.2748(3)(a) Medication Labeling NAC 449.2748 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician. This Regulation is not met as evidenced by: Based on observation on 2/4-5/09, the facility failed to ensure medications were plainly labeled for 4 of 20 residents (Resident #1, #5, #12 and #17). Severity: 2 Scope: 1	Y 922	Y922 a) All over the counter medications have been plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician. b) The Wellness Director will ensure that all over the counter medications will be labeled properly. The Wellness Director will do a quarterly audit of over the counter medications that are in the medication carts. c) March 15, 2009		
Y 933 SS=B	449.2749(1)(d)(1)-(3) Resident File	Y 933			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2489AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/05/2009
NAME OF PROVIDER OR SUPPLIER CHANCELLOR GARDENS OF THE LAKE			STREET ADDRESS, CITY, STATE, ZIP CODE 2620 LAKE SAHARA DRIVE LAS VEGAS, NV 89117		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Y 933	<p>Continued From page 13</p> <p>NAC 449.2749</p> <p>1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation:</p> <p>(d) A statement from the resident's physician concerning the mental and physical condition of the resident that includes:</p> <p>(1) A description of any medical conditions which require the performance of medical services.</p> <p>(2) The method in which those services must be performed; and</p> <p>(3) A statement of whether the resident is capable of performing the required medical services.</p> <p>This Regulation is not met as evidenced by: Based on record review on 2/4-5/09, the facility failed to ensure a physician statement was provided for 5 of 20 residents (Resident #4, #5, #10, #17 and #19).</p> <p>This is a repeat deficiency from the 8/14/08 State Licensure Survey.</p> <p>Severity: 1 Scope: 2</p>	Y 933	<p>Y933</p> <p>a) The facility has requested physician statements for resident #4, #5 #10, #17, #19.</p> <p>b) Physician Statements will be completed prior to move in and annually by a physician. The Marketing Director will utilize attachment #18 prior to admission, the Wellness Director will maintain a tickler, and the Executive Director/Administrator and the Wellness Director will review all resident files every 6 months to ensure compliance.</p> <p>c) March 30, 2009</p>		

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If continuation sheet 14 of 21

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Y 936 Y 936 SS=F	Continued From page 14 449.2749(1)(e) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Based on record review on 2/4-5/09, the facility failed to ensure that 12 of 20 residents complied with NAC 441A.380 regarding tuberculosis (Resident #2, #3, #4, #7, #9, #10, #11, #12, #15, #18, #19 and #20) which affected all residents. This was a repeat deficiency from the 8/14/08 State Licensure survey. Severity: 2 Scope: 3	Y 936 Y 936	Y936 a) Resident # 2, #3, #4, #7, #9, #10, #11, #12, #15, #18, #19, #20 have started the tuberculosis screening. b) The Wellness Director will ensure that all resident tuberculosis screening is in compliance by maintaining a tickler. The Wellness Director and Executive Director will review all resident file every 6 months to ensure compliance. c) March 30, 2009		
Y 938 SS=B	449.2749(1)(g)(1) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against	Y 938			

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If continuation sheet 15 of 21

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Y 938	Continued From page 15 unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident. This Regulation is not met as evidenced by: Based on record review on 2/4-5/09, the facility did not perform an evaluation on 6 of 20 residents for their abilities to perform the activities of daily living (ADL) upon admission to the facility (Resident #5, #9, #11, #15, #18 and #19). This was a repeat deficiency from the 8/14/08 State Licensure survey. Severity: 1 Scope: 2	Y 938	Y938 a) All Resident Personal Service Plans have been updated. b) Please see attachment #29, Personal Service Plan. The Wellness Director will ensure that that the Personal Service Plan is complete prior to admission, and as the resident needs change or annually which every may come first the Personal Service Plan will be completed. The Executive Director will review service plans quarterly. c) March 1, 2009		
Y 941 SS=C	449.2749(1)(h) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical	Y 941			

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If continuation sheet 16 of 21

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Y 941	Continued From page 16 information and any other information related to the resident, including without limitation: (h) A list of the rules for the facility that is signed by the administrator of the facility and the resident or a representative of the resident. This Regulation is not met as evidenced by: Based on record review on 2/4-5/09, the facility failed to have the rules of the facility signed by the administrator of the facility for 20 of 20 residents (Resident #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19 and #20). This was a repeat deficiency from the 8/14/08 State Licensure survey. Severity: 1 Scope: 3	Y 941	Y941 a) The facilities house rules, and visiting hours are in the resident handbook. Which is signed for at time of admission. b) Please see attachment #30, this is a revised Resident Handbook Receipt and House Rules. The Revised form has been added to all Move In Packets. All residents files have been signed the Executive Director/ Administrator. The Business Office Manager and Executive Director/ Administrator will review all resident files every six months to ensure compliance. c) March 1, 2009		
Y 991 SS=F	449.2756(1)(b) Alzheimer's Fac door alarm NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility. This Regulation is not met as evidenced by: Based on observation and interview, the facility	Y 991	Y991 a) An operational alarm has been installed on the patio door on the Memory Care Unit. b) Please see attachment #31, and #32. c) February 26, 2009		

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If continuation sheet 17 of 21

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Y 991	Continued From page 17 failed to ensure an audible device was activated when the patio exit door was opened in the Memory Care Unit. Severity: 2 Scope: 3	Y 991			
Y 993 SS=F	449.2756(1)(d) Alzheimer's training NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (d) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, successfully completes the training and continuing education required pursuant to NAC 449.2768. This Regulation is not met as evidenced by: Based on record review on 2/4 and 2/5/09, the facility failed to ensure 4 of 8 employees completed the Alzheimer's training required pursuant to NAC 449.2768 (Employee #3, #4, #5, and #7). Severity: 2 Scope: 3	Y 993	Y993 a) Please see attachment #33 for employee # 4, attachment #34 for employee #5, both had certificates of attendance for Alzheimer's Training during survey. b) The facility will hold quarterly Alzheimer's training ensure compliance. The Business Office Manager will maintain a tickler. The Executive Director and Business Office Manager will review all employee files every six months to ensure compliance. The facility has scheduled an Alzheimer's Training Class for March 2009. c) March 30, 2009		
Y 999 SS=F	449.2754(1)(g) Alzheimer's Facility NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's	Y 999			

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If continuation sheet 18 of 21

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Bureau of Health Care Quality & Compliance

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Y 999	Continued From page 18 disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure all toxic substances were not accessible to the residents of the Alzheimer's unit (shower room and Room 160). Severity: 2 Scope: 3		Y 999	Y999 a) All personal items that were remaining in the shower room have been returned to the resident. b) The Memory Care Coordinator will ensure that all residents personal items are labeled at stored properly in the residents closets. Each resident will have a shower caddy which will be accessible during showers and returned to the resident's closet to ensure that no toxic substances are accessible. The Memory Care Coordinator will inspect the shower room daily. c) March 1, 2009	
Y1001 SS=F	449.2758(1) Training Requirements NAC 449.2758 1. Within 60 days after being employed by a residential facility for elderly or disabled persons, a caregiver must receive not less than 4 hours of training related to the care of those residents. 2. As used in this section, " residential facility for elderly or disabled persons " means a residential facility that provides care to elderly or disabled persons who require assistance or protective supervision because they suffer from infirmities or disabilities.		Y1001	Y1001 a) The facility will start to hold a 4 hour training classes every 45 days related to the care of elderly or disabled persons. b) The Wellness Director and Executive Director/ Administrator will schedule these trainings. The Business Office Manager will maintain a tickler to ensure compliance. c) March 30, 2009	

closets are locked per Administrative 3/24/09

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Y1001	Continued From page 19 This Regulation is not met as evidenced by: Based on record review on 2/4 and 2/5/09, the facility failed to ensure that a minimum of 4 hours of training related to the care of elderly and disabled residents was received within 60 days of hire by 5 of 8 employees (Employee #1, #2, #3, #4, and #6). Severity: 2 Scope: 3	Y1001			
Y1010 SS=F	449.2764(1) MI Training NAC 449.2764 1. A person who provides care for a resident of a residential facility for persons with mental illnesses shall, within 60 days after he becomes employed at the facility, attend not less than 8 hours of training concerning care for residents who are suffering from mental illnesses. This Regulation is not met as evidenced by: Based on record review on 2/4 and 2/5/09, the facility failed to ensure 6 of 8 employees obtained 8 hours of training related to the care of persons with mental illnesses within 60 days of hire (Employee #1, #2, #3, #4, #6, and #11). Severity: 2 Scope: 3	Y1010	Y1010 a) The facility will start to hold an 8 hour training class every 45 days related to the care of those with mental illness. b) The Wellness Director and Executive Director/ Administrator will schedule these trainings. The Business Office Manager will maintain a tickler to ensure compliance. All employee files will be reviewed every 6 months by the Executive Director/ Administrator. c) March 30, 2009		
Y1020 SS=F	449.2766(1) Chronic Illness Training	Y1020			

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Y1020	<p>Continued From page 20</p> <p>NAC 449.2766</p> <p>1. Within 60 days after being employed by a residential facility for persons with chronic illnesses, an employee of the facility shall obtain at least 4 hours of in-service training related to the care provided to such persons and in the actions necessary to control infections.</p> <p>This Regulation is not met as evidenced by: Based on record review on 2/4 and 2/5/09, the facility failed to ensure 6 of 8 employees obtained 4 hours of training related to the care of persons with chronic illnesses within 60 days of hire (Employee #1, #2, #3, #4, #6, and #11).</p> <p>Severity: 2 Scope: 3</p>	Y1020	<p>Y1020</p> <p>a) The facility will start to hold a 4 hour training class every 45 days related chronic illness.</p> <p>b) The Wellness Director and Executive Director/ Administrator will schedule these trainings. The Business Office Manager will maintain a tickler to ensure compliance. All employee files will be reviewed every 6 months by the Executive Director/ Administrator.</p> <p>c) March 30, 2009</p>		

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